

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SW	71058	1-8-99
O.I.P.E. CLASSIFIER		49	1/12/99
FORMALITY REVIEW	SW	98518	1/14/99
	SW	98518	3/30/99

## INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Date
Final Original	4 11 10
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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